MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/508400

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19	1					
20		18				
21	1					
22		1				
23		2				
24		3				
25		4				
26		5				
27		6				
28		7				
29		8				
30		9				
31		10				
32		11				
33		12				
34		13				
35		14				
36		15				
37		16				
38		17				
39		18				
40		19				
41		20				
42		21				
43		22				
44	1					
45			1			
46				1		
47				2		
48				3		
49				4		
50				5		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				2		
53				3		
54				4		
55				5		
56				6		
57				7		
58				8		
59				9		
60		1		10		
61				11		
62				12		
63				13		
64				14		
65				15		
66				16		
67				17		
68				18		
69				19		
70				20		
71				21		
72				22		
73				23		
74				24		
75				25		
76				26		
77				27		
78				28		
79				29		
80				30		
81				31		
82				32		
83				33		
84				34		
85				35		
86				36		
87				37		
88				38		
89				39		
90				40		
91				41		
92				42		
93				43		
94				44		
95				45		
96				46		
97				47		
98				48		
99				49		
100				50		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			39			